

NCBD News

NCBD 2001 Update

Commercial data submission was closed on September 12 and Medicaid data submission will close on October 12. Because of the delays in data submission, commercial report distribution will be slightly delayed. The target distribution dates for reports are:

Commercial Reports: November 19, 2001

Medicaid Reports: December 17, 2001

Sponsors should note that beginning this year, standard report distribution will consist of written notification of the availability, location and password for accessing and downloading their reports in PDF format. Sponsors needing hard copies of their reports will need to request them directly from NCBD staff through ncbd1@westat.com.

Annual Report Available This Month

The first *NCBD Annual Report* will be released in **October**. The report will present key findings from CAHPS survey responses collected in 1999 and 2000 and submitted to the NCBD by participating survey sponsors. The focus of the first NCBD Annual Report will be on differences and similarities in CAHPS survey results across the three major population sectors represented in the NCBD: commercial, Medicaid, and Medicare. The report will also include detailed benchmark tables of survey scores for individual question items and composites for all three sectors. The report will be widely distributed and available on the NCBD Web site.

CAHPS® Workshop Schedule

Beginning in 2001, the Survey Users Network will expand the technical assistance offerings to include a series of online workshops and a community workshop.

- **On-line workshops** are two-hour telephonic workshops on specific topics or new CAHPS products. Participants will log on to a Web site to view the presentations. All workshops will be held on Wednesday afternoons from 1 – 3 p.m. Eastern Time. The topics and dates are listed below:
 - November 14 – Implementing CAHPS 2.0 Child Survey
 - December 12 – Implementing Group Provider CAHPS 2.0 Survey
 - January 16 – Using NCBD Sponsor Reports
 - March 13 – Developing CAHPS Consumer Reports
 - April 17 – TBD

The registrations for each workshop will open up 4 weeks before the workshop. Registration information will be available on www.cahps-sun.org.

- **The Community Workshop** is intended to provide in-depth assistance in planning for and implementing a CAHPS project to a small group of new CAHPS users. It will cover issues like preparing an RFP, hiring a vendor, assembling the CAHPS questionnaire, drawing a sample, fielding the survey, data preparation, submitting data to NCBD, and preparing consumer reports. The workshop date and location have not yet been determined.

The CAHPS User Meeting will continue to be the in-person venue for sharing updates on CAHPS projects, evaluations, other testing, adaptations of CAHPS, as well as updates from

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AHRQ and the CAHPS Consortium on new CAHPS developments. The 2002 meeting has been scheduled for **June 5-7th**; the location has not yet been determined.

As always we would like to hear from you if you have any suggestions for workshop topics. If you have any suggestions and or questions about the Workshops or about any particular workshop please call the CAHPS Helpline (1-800-492-9261) or e-mail CAHPS1@westat.com.

Performance Measures for Children With Special Health Care Needs

In July, the Child and Adolescent Health Measurement Initiative (CAHMI), released a new set of consumer-focused measures designed to assess the quality of care for children with special health care needs. These measures build on the existing CAHPS Child Health Survey, apply to Medicaid and commercially insured children and will be included in the National Committee for Quality Assurance's (NCQA) HEDIS 2002.

CAHMI is a national collaboration of more than 80 organizations whose activities are coordinated by the Foundation for Accountability (FACCT) and includes NCQA, AHRQ, Family Voices, Children Now!, the federal Maternal and Child Health Bureau, the Center for Medicare and Medicaid Services (formerly HCFA), several state health agencies and the American Academy of Pediatrics.

The measures include the following:

- ◆ The CAHPS 2.0 Child core questions
- ◆ A 5-item screening tool using current health consequences or service use criteria to non-categorically identify children with special health needs.

- ◆ The chronic conditions supplemental set - A 31 question supplement designed to be integrated, along with a five-item screener set, with the CAHPS 2.0 Child core questions

The new measures are designed to assess 4 areas of care that are specifically important to children with chronic or special health care needs. These include:

- ◆ Access to prescription medications
- ◆ Access to specialized services
- ◆ Family centered care
- ◆ Coordination of care

The CAHPS Survey User Network (SUN) will provide technical assistance on the use of this instrument (www.cahps-sun.org or 1-800-492-9261) As noted above, the new child survey will be the focus of the first SUN on-line workshop on November 14. Further information is also available through the CAHMI Web site at www.facct.org/cahmi.html.

Research Highlights: *Getting Behind the Numbers: Understanding Patients' Assessments of Managed Care*

In this issue we feature a study conducted by the Picker Institute that tried to identify plan-level practices that contribute to a positive experience for plan members. The authors noted that some managed care plans work better than others from the patient's point of view and they sought to better understand the features that contribute to positive performance ratings.

The researchers used data from the first Medicare CAHPS collected in 1997 to identify nine plans with different patterns of performance on the five consumer reports or composites. They then visited these plans between June 1998 and September 1999 to identify organizational

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features and practices that contributed to plan performance on the composites.

The researchers were able to identify plan practices that enhanced both members' experiences with the plan's benefits and services and their clinical interactions with caregivers. The researchers found that plan-level practices associated with improved performance included the following:

Getting care quickly –Plan-sponsored training for physician office staff and the use of performance-tracking criteria that reflect members' expectations about access and timeliness.

Getting needed care –Educating members about benefits, building on established referral networks, expediting routine referrals and empowering staff to resolve problems.

Doctors who communicate well –Recruiting doctors with proven communication skills, providing feedback and offering training to physicians, encouraging scheduling protocols that are more flexible, and using clinical practice guidelines that incorporate shared decision-making.

Courteous and helpful office staff –Providing feedback on patient satisfaction by clinical site, plan training in service quality to physician office staff and providing direct customer service support at clinical sites.

Plan-level customer service –Coordination between marketing and customer service, training of product specific customer service teams, use of integrated information systems to support customer service functions and direct outreach to members through public meetings and report cards.

The researchers concluded that plans poised to sustain superior performance share a strategic

focus on the individual plan members as the primary plan customer, a recognition that members' subjective experiences are integral to the quality of care, a commitment to quality assessment and improvement that incorporates measures of members' perceptions and experiences and a relationship with providers that reinforces a commitment to this conception of quality.

Copies of the report are available on The Commonwealth Fund Web site at:
www.cmf.org.

NCBD Web Site

Remember to visit our Web site at
<http://ncbd.cahps.org> for general information and updates.